

**Needs Assessment Methodology and Findings****Needs Assessment Methodology**

*Describe and justify your methodology for assessing the needs of the Supplemental Nutrition Assistance Program (SNAP) target audience in the State.*

**A. Existing information (source, content, time frame):**

California Department of Aging (CDA) administers the Older Americans Act (OAA) Title III-C Congregate Nutrition Program (Nutrition Program) through its statewide network of 33 Area Agencies on Aging (AAA) and their service providers. This program helps older adults remain independent in their communities by providing nutritious food. OAA services target older individuals who are in greatest economic or social need, and give particular attention to low-income, minority older individuals, and older individuals living in rural areas. The program's purpose is to improve participants' dietary intakes and decrease their risk for chronic disease by providing meals that meet the Dietary Guidelines for Americans (DGA). The DGAs align with SNAP-Ed intervention strategies. Nutrition programs provide quarterly nutrition education, nutrition risk screening and, in some areas, nutrition counseling. Since adequate nutrition is critical to health, functioning, and quality of life, the Nutrition Program is an important component of home and community-based services for older adults. Forty-one percent of Title III-C congregate meal clients have incomes below 100 percent of the Federal Poverty Level (FPL), 23 percent of clients identify themselves as Hispanic, 14.7 percent Asian, 6 percent African American, and 13.6 percent live in rural areas.

California currently does not have a statewide SNAP-Ed nutrition education obesity prevention program targeted towards low-income older adults. According to the Centers for Disease Control and Prevention (CDC) chronic health conditions are the nation's leading causes of death and disability. Chronic diseases such as heart disease, stroke, cancer, diabetes, and arthritis are among the most common, costly, and preventable of all health problems in the U.S. SNAP-Ed interventions will address two of the four modifiable health risk behaviors: physical activity and nutrition. When compared to other age cohorts, older adults are at greater risk of having multiple chronic diseases. Nutrition and physical activity interventions with older adults may reduce or delay the onset of many chronic diseases, decrease risk of falls, and reduce age-related loss of skeletal muscle mass.

Poor diet and physical inactivity are factors that contribute to an increased risk of obesity and chronic disease. According to a 2009 CDC report, approximately two-thirds of California's older adults eat  $\leq 5$  fruits and vegetable daily and 27.2 percent have no leisure-time physical activity (CDC, 2009), 38 percent of adults age 65 or older are overweight and 21 percent are obese. Obesity-related conditions include heart disease, stroke, type 2 (adult onset) diabetes, and certain types of cancer. According to the California Department of Public Health's (CDPH) report – The Burden of Chronic Disease and Injury – deaths related to poor nutrition and physical inactivity are expected to surpass those related to tobacco as the leading attributable causes of death in the near future. California's leading causes of death – heart disease, stroke and cancer – cost an estimated \$28 billion a year (CDPH 2013).

According to Mathematica Policy Research, low senior participation in federal nutrition assistance programs is a problem throughout the nation. In 2008, only 35 percent of eligible seniors participated in SNAP. In California the numbers are even lower; only one in ten eligible seniors participates in CalFresh. (Cunningham, K. 2008)

According to the CDC, each year one in three adults age 65 and older will experience a fall, but less than half of these adults will talk to their physician about falling. In 2010, falls cost the nation an estimated 30 billion dollars; falls are the number one cause of injury death among Californians age 65 and older (CDPH, Vital Statistics Death Statistical Master Files, 2011). Falls not only cause physical injury but also are associated with numerous morbidities, decreased quality of life, and decreased ability to perform activities of daily living (CDC 2007).

Inequities in income and access to healthcare, as well as food insecurity also contribute to health disparities among older adults. Racial and ethnic minorities generally engage in less physical activity and have poorer dietary behaviors when compared to other groups. Culturally appropriate strategies designed

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to encourage older adults to increase exercise and increase fruit and vegetable consumption can reduce health disparities and the risk of chronic disease (August & Sorkin, 2010).

**B. New information collection (source and content):**

**Purpose:** CDA surveyed its network of 33 AAAs to determine the need for older adult-targeted SNAP-Ed nutrition education and obesity prevention services. The survey identified the congregate meal site addresses and related contact information in each AAA's planning and service area (PSA), identified congregate sites within each SNAP-Ed eligible census tract (>50 percent  $\leq$ 185 percent Federal Poverty Guidelines), and to avoid duplication of SNAP-Ed services, identified existing SNAP-Ed sites and contractors.

**Method:** In May/June 2013, CDA compiled a list of Title IIIC OAA congregate meal site locations and contact information obtained from AAA websites. Approximately 800 site addresses were entered into the GIS mapping system developed by the CDPH, Network for a Healthy California (*the Network*) to identify census tract eligibility based on the poverty level of the community. The congregate nutrition site list for each PSA was distributed to its respective AAA for confirmation of site information and further information on sites receiving SNAP-Ed funds or participating in other SNAP-Ed activities. Simultaneously, the California Department of Social Services (CDSS), the *Network* and University of California CalFresh (UC CalFresh), provided a list of congregate meal sites currently receiving SNAP-Ed services.

**Results:** Twenty-two of 33 AAAs responded to the needs assessment. The assessment identified a total of 778 Title IIIC congregate meal sites, 89 percent (N=692) of which are potentially SNAP-Ed eligible congregate meals sites, 11 percent (N=86) of which receive SNAP-Ed from another contractor and 28 percent (N=216) of which are within an eligible census tract. SNAP-Ed services targeted to older adults are provided in 52 percent (N=17) of the PSAs throughout California. In California's five largest Title IIIC meal service areas (San Francisco, LA City, LA County, Santa Clara, and San Diego) twelve of 318 congregate meal sites currently provide SNAP-Ed activities, indicating that 306 sites have no SNAP-Ed services.

**Needs Assessment Findings**

- 1. Demographic Characteristics of Supplemental Nutrition Assistance Program (SNAP) Target Audience.** *If information is available, discuss geographic location, race/ethnicity, age, gender, family composition, education, and primary language. Reference the source(s) of any data described.*

Target Audience	State
Older adults age 60 plus	CALIFORNIA
<b>Statewide demographic characteristics:</b> Geographic location: <ul style="list-style-type: none"> <li>See attached 2013 California Department of Aging, Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF) v.6-10-13 <a href="http://aging.ca.gov/Data_and_Statistics/">http://aging.ca.gov/Data_and_Statistics/</a></li> </ul> Race/Ethnicity: <ul style="list-style-type: none"> <li>Total population: 6, 719,381</li> <li>Non-Hispanic White: 3,944,482</li> <li>Non-Hispanic Black/African American: 365,151</li> </ul>	

- Non-Hispanic American Indian: 30,325
- Non-Hispanic Asian: 944,587
- Non-Hispanic Native Hawaiian/Pacific Islander: 17,300
- Non-Hispanic Two or more Races: 82,084
- Hispanic/Latino (may be of any race): 1,335,462
- Total Number of Minority Persons: 2,774,898

Source: California Department of Finance Demographic Research Unit, State and County Report P-2. Population Projections By race/Ethnicity and Age (5 year groups) 2010-2060 and 2013 California Department of Aging, Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF) v.6-10-13.

Age:

- Total population age 60-100+: 6,719,390
- 60-65: 2,008,732
- 65-69: 1,568,651
- 70-74: 1,092,710
- 75-79: 797,681
- 80-84: 601,703
- 85-89: 404,008
- 90-94: 191,588
- 95-99: 49,151
- 100+: 5,166

Gender:

- Male: 3,033,809
- Female: 3,685,581

Source: California Department of Finance Demographic Research Unit, Report P-3. State and County Population Projections by Race/Ethnicity and Gender. January 31, 2013.

Education:

- Less than 5<sup>th</sup> grade: 363,685
- 5-8<sup>th</sup> grade: 398,415
- 9<sup>th</sup>-12<sup>th</sup> grade, no diploma: 506,360
- High school graduate: 1,303,425
- Some college, no degree: 1,120,815
- Associate degree: 360,780
- Bachelor's degree: 849,725
- Master's degree: 387,430
- Professional Degree: 135,585
- Doctorate Degree: 89,660

Source: 2005-2009 American Community Survey Special Tabulation. California 2005-2009 Table S21021B - Educational Attainment for the Population 60 Years and Over. Universe: Population 60 years and over. Administration on Aging Integrated Database (AGID).

<http://www.agidnet.org/DataFiles/ACS2009/Table/?tableid=S21021B&state=CA#>

Family Composition:

- Total number of households with one or more people 60 years or over: 4,266,869

- One person household (lives alone): 1,316,471
  - Two or more person household: 2,950,398
- Source: U.S. Census Bureau, 2010  
[http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC\\_10\\_SF1\\_P24&prodType=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_P24&prodType=table)

## Language:

- Non-English 60+: 359,384
- Source: See attached 2013 California Department of Aging, Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF) v.6-10-13  
[http://aging.ca.gov/Data\\_and\\_Statistics/](http://aging.ca.gov/Data_and_Statistics/)

**Demographic Characteristics of the Title IIIC participants:**

## Geographic location:

- Rural: 23,140 (13.6%)

## Race/Ethnicity:

- White: 97,772 (57.4%)
- African American: 10,559 (6.2%)
- Asian: 21,208 (14.7%)
- American Indian or Alaska Native: 1,639 (<1%)
- Native Hawaiian or Other Pacific Islander: 2,816 (1.7%)
- Hispanic: 38,239 (22.4%)

## Age:

- 60-74 years old: 81,204 (47%)
- 75-84 years old: 53,520 (31%)
- 85 or older: 28,344 (16%)

## Gender:

- Female: 102,296 (60%)
- Male: 62,311 (40%)

## Household composition:

- 60,051 (35%) of clients live alone

## Poverty:

- 70,145 (41%) of clients have an income below 100 percent of the Federal Poverty Level in 2012 (\$11,170),

Source: CDA, Congregate Nutrition Program (Title IIIC-1) Program Statistical Fact Sheet.  
[http://aging.ca.gov/Data\\_and\\_Statistics/Facts\\_and\\_Program\\_Narratives\\_2013.asp](http://aging.ca.gov/Data_and_Statistics/Facts_and_Program_Narratives_2013.asp)

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## 2. Related Behavioral and Lifestyle Characteristics of Supplemental Nutrition Assistance Program (SNAP) Target Audience

*If information is available, discuss implications of dietary and food purchasing habits and where and how SNAP target population eat, redeem SNAP benefits, live, learn, work, and play. Cite sources of information.*

Overall, there is limited information on older adult SNAP participants and their dietary and food purchasing habits, where and how they eat, redeem benefits, live, learn, work and play. However, it is well documented that older adults living at or below the federal poverty line are at increased risk of food insecurity. In a report by Ziliak and Gundersen, food insecure older adults have significantly lower food intakes resulting in poorer nutrient intakes for the calories, vitamins and minerals (vitamin A, C, riboflavin, magnesium) necessary to maintain health. Additionally, these food insecure older adults were more likely to report poor or fair health, be socially isolated, be hospitalized more often and have significantly more activity of daily living impairments (bathing, dressing, eating, etc.). (Ziliak & Gundersen 2008).

The elderly are especially susceptible to hunger and malnutrition because of issues that relate specifically to age-decreased mobility, limited outside assistance, decreased taste acuity, and social isolation. Low income older adults may difficulty accessing due to other factors not seen in other age cohorts. Older adults may have age related mobility impairments that prevent them from shopping, or age related dental impairments that contribute to difficulties eating certain foods. The ability to purchase and consume nutrient dense foods, such as fruits, vegetables, and meats may be limited and contribute to intake of high-calorie low nutrient dense foods. During an Institute of Medicine (IOM) Food Forum in 2010, Nancy Wellman discussed food preparation and consumption data for baby boomers (age 44-62) and what she called “matures” (age 63 and older). Wellman indicated these individuals’ consumption choices were driven by convenience, taste, and indulgence, not health. Both boomers and matures spent less time preparing meals; convenience was key. Matures ate more meals at home compared to boomers and the breakfast meal was the most nutrient dense meal of the day (Wellman 2010).

Persons with low or fixed incomes, in general have limited purchasing power and are more likely to eat foods that are less nutrient dense and high in calories. The Healthy Eating Index 2005 (HEI) evaluated diet quality in terms of individuals’ compliance with the key, diet related 2005 DGA recommendations. The HEI found that older adults age 65 and older scored the lowest in consumption of whole grains, dark green and orange vegetables, legumes, milk, sodium and calories from solid fats, alcoholic beverages, and added sugars.

There is no published statewide data on how and where older adults redeem SNAP benefits. On a national scale, households with elderly members, when compared with other household types, make fewer SNAP transactions, spend fewer SNAP benefits in a month and redeem SNAP benefits at fewer stores. Elderly SNAP participants redeemed 85 percent of benefits at supermarkets, supercenters, and grocery stores (United States Department of Agriculture, Food and Nutrition Service (USDA, FNS) 2011).

According to the Current Population Survey, (conducted by the Bureau of Census for the Bureau of Labor Statistics) labor force participation rates among older workers plummets after they reach retirement age. Not only do many workers age 65 and older no longer work because they are eligible to receive retirement benefits, but greater numbers of retirement age workers are unable to work due to the aging process itself. Workers of retirement age who continue to work tend to be either experienced professionals in good health who defer retirement or less skilled, lower income workers who work

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because they lack financial means to retire or wish to supplement their retirement income (Bureau of Census for the Bureau of Labor Statistics 2011).

**3. Other Nutrition-Related Programs Serving Low-Income Persons**

*Discuss the availability of other nutrition-related programs, services, and social marketing campaigns (i.e., EFNEP, Child Nutrition services, etc.).*

Other nutrition-related programs that serve low-income persons include:

- Food banks may provide a variety of services including nutrition education. In many parts of the state, SNAP-Ed is provided by food banks. Many food banks provide services to older adults.
- Senior Farmers' Market Nutrition Program (SFMNP). The SFMNP provides coupons to low-income older adults to purchase fresh locally grown fruits, vegetables, herbs and honey from local farmers' markets, roadside stands and community supported agriculture programs. This program occurs during the farmers' market season. Nutrition education is a component of the program, usually in the form of printed material,
- The OAA Title IIIC Elderly Nutrition Program requires that nutrition education be provided to program participants. California Code of Regulations, Title 22, requires nutrition education be provided to participants a minimum of four times per year. Nutrition education activities are developed based on an annual nutrition education needs assessment conducted by the local nutrition services provider or AAA. Home-delivered meal program participants may receive printed material as the sole nutrition education component, and congregate participants may receive printed material in conjunction with a nutrition education presentation.
- The OAA Title IIID Disease Prevention Health Promotion Program provides funding for evidence-based health promotion programs through AAAs and their service providers. These activities may be conducted in conjunction with the Title IIIC Program and can include a variety of health promotion activities which may include nutrition education.

**4. Areas of the State Where Supplemental Nutrition Assistance Program Target Audience Is Underserved or Has Not Had Access to SNAP-Ed Previously**

See B above.

**5. Implications of Your Needs Assessment and How These Findings Were Applied to This Current Year's SNAP-Ed Plan**

CDSS and CDA have collaborated to expand SNAP-Ed services to California's older adult population through CDA's network of 33 AAAs. These agencies provide OAA services throughout California. SNAP-Ed will be provided as a direct or contracted service by the local AAA through its Title IIIC Elderly Nutrition Program. CDA's needs assessment demonstrated that CDA and the AAAs have access to both the intended SNAP-Ed audience and the expertise to provide SNAP-Ed. Of the existing 778 congregate meals sites, 692 are potentially SNAP-Ed eligible, with 216 being in eligible census tracts. CDSS has encouraged CDA and the AAAs to work with existing or previously funded SNAP-Ed partners to ensure the learning curve necessary to deliver SNAP-Ed is minimal.

